Medicare Learning Network
MLN Matters
CMS
CENTERS for MEDICARE & MEDICAID SERVICES
Information for Medicare Fee-for-Service Health Care Professionals

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# Inpatient Rehabilitation Facility (IRF) Interrupted Stays

## Provider Types Affected

Inpatient rehabilitation facilities (IRFs) billing Medicare fiscal intermediaries (FIs) for services billed under the Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS)

## Background

The purpose of this Special Edition article is to highlight the Centers for Medicare & Medicaid Services (CMS) language that reinforces the IRF interrupted stay policy. An investigation found that providers were incorrectly billing Medicare for interrupted stays

## Key Points

Case Level Payment Adjustment

- A case level payment adjustment is made under the IRF PPS if the patient has an interrupted stay.
- An interrupted stay is defined as those cases in which a Medicare beneficiary is discharged from the IRF and returns to the same IRF within 3 consecutive calendar days.
- The 3 consecutive calendar days begin with the day of the discharge from the IRF and ends on midnight of the third day.
- The length of stay for these cases will be determined by the total length of the IRF stay including the days prior to the interruption and the days after the interruption.
- The interruption of the stay days will not be used to calculate the patient's length of stay.

Case-Mix Group (CMG) Payment

- Only one CMG payment will be made for a claim in which data identifying one or more interrupted stays have been recorded, and the payment will be based on the initial patient assessment data.
  - For example, if a Medicare beneficiary is discharged on August 1, 2006, and is readmitted to the same IRF on August 3, 2006, the patient's hospitalization is considered to include an interrupted stay and only one CMG payment will be made based on the initial assessment.
  - However, if the Medicare beneficiary was readmitted on August 4, 2006, then the time the patient was away from the facility would not be considered to meet the interrupted stay definition and a new IRF stay would begin. A new patient assessment using the IRF patient assessment instrument would have to be performed, and the CMG resulting from that new patient assessment may be used to bill as a separate claim.
- On the IRF Medicare bill, the presence of occurrence span code 74 indicates an interrupted stay has occurred. . Report occurrence span code 74 with the From and Through dates of the interruption in the stay. The day of discharge from the IRF is the FROM date and the last day the patient is not in the IRF at midnight is the THROUGH date. Report accommodation revenue code 18X (leave of absence) and the quantity of leave days. Occurrence span code 74 should be reported for each interruption of more than 1 day along with the dates of each interruption. Revenue code 018X should reflect the total number of days for all occurrence span code 74 entries. In other words, revenue code 018X should be listed on one line, with all interrupted days included in the units column. No charges should be added to this charge line.

## Additional Information

If you have questions, please contact your Medicare FI, at their toll-free number which may be found at http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.pdf on the CMS web site.

Pages 239-240 of the *Medicare Claims Processing Manual* contain language regarding interrupted stays and can be viewed at http://www.cms.hhs.gov/manuals/downloads/clm104c03.pdf on the CMS web site.

*Transmittal A-01-110* issued on September 14, 2001 also provides information on the IRF interrupted stay and can be viewed at

https://www.cms.hhs.gov/Transmittals/downloads/A01110.pdf on the CMS web site.